Wide Excision and Sentinel Lymph Node Biopsy for Melanoma

Here is important information about your treatment for melanoma. Your doctor has recommended surgery. This handout gives you information about what to expect during and after your surgery.

Wide Excision

The surgical treatment for melanoma is called a wide excision of the area. This procedure is done to remove the melanoma lesion along with some of the normal tissue surrounding the lesion. The tissue surrounding the lesion is called the tissue margin. The size of the margin that needs to be removed depends on the thickness of the lesion. It is common with melanoma that a wide margin of tissue is removed to help prevent the cancer from coming back.

Sentinel Lymph Node Biopsy

You have lymph nodes in several places in your body. Lymph nodes are in your neck, under your arms, and in the groin. Lymph nodes help fight infection and are important to drain fluid. The sentinel lymph node is the first lymph node that filters and drains a cancerous area. If the first lymph node has cancer cells, then other nodes may also be affected.

A biopsy of the sentinel node helps your doctor find out if the cancer has spread to the lymph nodes. The goal is to find this first node and check it for cancer cells.

There are several steps done to find a sentinel node. A few hours before surgery, a tiny amount of a radioactive tracer will be injected into the cancerous area. It will track through your body to the lymph node area. After the injection, some pictures will be taken to see where the lymph
nodes are located. In the operating room, a blue dye will be injected into the area of the melanoma lesion. This dye will help to show the pathway and find the sentinel node. A special wand called a gamma probe will be used to track the radioactive tracer while in the operating room. The sentinel node will then be removed. A doctor called a pathologist will examine the node to check if there are cancer cells present.

A final pathology report is usually done in about 5 to 7 days after the surgery. Your doctor will talk with you about your final pathology report.

Care After Surgery

Incision Care
You will have two incisions after surgery. One incision will be made at the surgery site. The other will be an incision where the lymph node or any other lymph nodes were removed. The incisions will be closed and held together by stitches, special surgical glue or steri-strips (small tapes).

The dressings will be removed on the day after surgery. Once the dressing is removed, you should gently wash the areas each day with mild soap and water, and pat dry. The incision areas can be left open to the air while healing.

Drain Care
You may have a drainage tube put in during surgery. This will help prevent fluid build up around the wound. Keeping the fluids drained helps the wound to heal. A stitch will hold the tube in place. A container called a Hemovac or Jackson-Pratt will be attached to collect the fluid. Your nurse will teach you how to take care of the drain. After you are discharged you will need to empty the drain, measure the fluid and keep track of how much fluid is draining.

Other things you need to know
- Your urine may have a green tint to it from the dye used to locate the sentinel node. The dye should clear from your body within a day or two.
- You will be given a prescription for pain medicine to use after you are discharged from the hospital. If you use pain medicine, it is important to drink plenty of water to help prevent constipation.

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Follow-Up

You will have a follow-up appointment with your surgeon 1 to 2 weeks after your surgery. The wound drain may be removed if it is no longer needed. Your doctor will talk with you about the pathology results. If further treatment is needed, it will be discussed and planned.

If you have questions after you go home, call your surgeon’s office.